

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BD.

2008 OCT 20 AM 11:32

COMMITTEE NAME (Must be same as on Statement of Organization)

Christoffers for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party
(4)County Central Committee (5)County Candidate (6)City Candidate (7)School Board or Other Political
Subdivision Candidate (8)County PAC (9)City PAC (10)School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Daniel Christoffers

Political Party (if applicable)

Republican

Office Sought

Woodbury County Board of Supervisors (Dist#4)

District (if Senate or House)

FORM
DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # _____


Logged In _____

Scanned _____

Computer _____

Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a


SIGNATURE OF PERSON FILING REPORT

712-223-2526
TELEPHONE

10-14-08
DATE SIGNED

I AM FILING A October 14 REPORT FOR (1) ELECTION /(2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

11/4/08

County & Local Committees, enter County in
which Election is held
Woodbury

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

510.00

Schedule F: Loans Received total (Attach Schedule F)

1,300.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

1,676.16

Schedule F: Loan Repayments total (Attach Schedule F)

133.84

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS

☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Christoffers for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/15/08	ID# CK#	Donna Teubert 5211 Hutchinson Drive South Beloit, IL 61080		\$ 50.00	<input type="checkbox"/>
8/15/08	ID# CK#	Andrew J. Somers 3rd 6701 Beacon Street Little Rock, AR 72207		\$ 30.00	<input type="checkbox"/>
8/16/08	ID# CK#	Helen Kalinowski 28923 East Pecos River Court Spring, TX 77386		\$ 50.00	<input type="checkbox"/>
8/17/08	ID# CK#	James Turner 542 Hall St. Malvern, AR 72104		\$ 45.00	<input type="checkbox"/>
8/22/08	ID# CK#	David J. Bacon 3246 Michael r. St Charles, MO 63301		\$ 50.00	<input type="checkbox"/>
9/26/08	ID# CK#	Donna Christoffers 2724 S Cleveland St Sioux City, IA 51106	Mother	\$ 100.00	<input type="checkbox"/>
10/10/08	ID# CK#	David J. Bacon 3246 Michael r. St Charles, MO 63301		\$ 50.00	<input type="checkbox"/>
	ID# CK#	Unitemized Contributions during reporting period		\$ 135.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 510.00	
TOTAL (if last page of this schedule)				\$ 510.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Christoffers for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
8/15/08	ID# CK#	Paypal 2211 North First Street San Jose CA 95131	Credit card fee for two donations via Paypal to my campaign.	\$ 2.57
8/16/08	ID# CK#	Paypal 2211 North First Street San Jose CA 95131	Credit card fee for one donation via Paypal to my campaign.	2.75
8/21/08	ID# CK#	Security National Bank 4700 Sergeant Rd Sioux City, IA 51106	Bank fee to provide a debit card for my campaign account.	5.00
8/22/08	ID# CK#	Paypal 2211 North First Street San Jose CA 95131	Credit card fee for one donation via Paypal to my campaign.	2.75
9/25/08	ID# CK# Debit	Sign Outfitters 18511 Fort Street Riverview, MI 48192	Yard signs.	269.24
10/9/08	ID# CK# 1026	Sioux City Journal 515 Pavonia St Sioux City, IA 51101	Newspaper ads for Campaign.	1393.85
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 1676.16
TOTAL (if last page of this schedule)				\$ 1676.16

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Christoffers for Supervisor

Reset Form

SCHEDULE
E
(Rev. 06/97)

IN-KIND
CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
7/2/08	Daniel Christoffers 3433 Transit Avenue Sioux City, IA 51106	Self	Yard Signs	\$ 219.37	<input type="checkbox"/>
7/14/08	Daniel Christoffers 3433 Transit Avenue Sioux City, IA 51106	Self	Voter List	5.00	<input type="checkbox"/>
7/15/08	Daniel Christoffers 3433 Transit Avenue Sioux City, IA 51106	Self	Ink for printing fliers	45.44	<input type="checkbox"/>
8/8/08	Daniel Christoffers 3433 Transit Avenue Sioux City, IA 51106	Self	Paper and Ink for printing fliers	36.35	<input type="checkbox"/>
8/10/08	Daniel Christoffers 3433 Transit Avenue Sioux City, IA 51106	Self	Ink for printing fliers	35.14	<input type="checkbox"/>
8/13/08	Dave Miller 3509 NW 3rd Avenue Camas, WA 98607		Paper/Printing/Shi pping for fliers	27.50	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>

SUB-TOTAL \$ 368.80

TOTAL (if last
page of this
schedule) \$ 368.80

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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(for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM

RESET

COMMITTEE NAME (Must be same as on Statement of Organization)

Christoffers for Supervisor

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAYED

☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ _____

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
10/9/08-----	Daniel Christoffers 3433 Transit Avenue Sioux City, IA 51106	Self-----	\$ 1300.00

TOTAL (PART I) \$ 1300.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E -- In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ _____

From Schedule E -- TOTAL LOANS FORGIVEN \$ _____

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1300.00

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(for Schedule F)